

WORK EXPERIENCE FORM

Directions: Complete this form, have it signed by your supervisor/manager, and submit to the HTM Hours course shell in D2L. Submit one letter for each work experience claimed.

Step 1: To be Completed by Student

Last Name: _____ First Name _____

Student Number: _____

Date Entered Program: _____ Expected Graduation Date: _____

I am responsible for the content and integrity of the information supplied on this form and understands that any misinformation could violate the University's Code of Academic Integrity. I understand that it is my responsibility to keep all records of employment towards the completion of this requirement. The Director of the Ted Rogers School of Hospitality and Tourism Management reserves the right to verify any and all of the information supplied on this form.

Student Signature _____ Date _____

Step 2: To Be Completed by the Employer

Name of Company _____ Division/Dept. _____

Supervisor Name _____ Title _____

Business Address _____

City/Province/Country/Postal Code _____

Phone _____ Email _____

Student Job Title _____

Job Responsibilities _____

Dates Worked From ____/____/____ to ____/____/____ Total Hours Worked _____

Compensation _____ Hourly _____ Weekly _____ Other _____

I verify that the information regarding the student's employment is accurate.

Supervisor (Print) Name _____ Date _____

Supervisor Signature _____

Step 3: Submission

Submit this form with either the manager's signature or business card.

Attach Manager's Business Card here

Manager's Name